Name:	Consumer #:		
Date of Interview://	Site/Program ID: []-New Enrollment []-180 Day	[]-Re-Enrolln	nent
Staff ID #: ////			 .
Type of Review: //-Supervisory /			
Under the direction of Ri Advisory Panel, with spe	ndiana Division of MH by Frederick L. Newman with John Mo chard DeLiberty & The Hoosier Assurance Plan Instrument – ecial acknowledgement to the input from Jeffery Anderson and Indiana Division of Mental Health. The HAPI-C is considered	Child (HAPI-C Thomas Smith	,
child's age-appropriate developmerecent 30 days (unless otherwise special spec	of the instrument is to assess functioning and self-management by rating the impact of a problem or symptoms on functional pecified). The probe question under each item is answered so, e.g., the child, parent, caregiver/guardian, teacher or instribe the degree to which the child is able to manage his or hout direct external support by others (family, caregiver, or degree to which the child can modulate the impact of the pelp from others (family, caregiver, or professional). The rather impact of the problem or symptoms are such that the lor the child would cause danger/harm to self or others with professional). Refer to the Scoring Instructions for specific so the record should be provided either on this form or in an adags used in scoring this instrument. If you have Low Confidox, but score the item on the ① to ⑦ scale in any event. Lote on which to base your rating.	ctioning for the in terms of avainterms of avaintitutional reconer functioning or professional) problem or synatings at the modern dent direct interpretation of the coring information of the coring in your resistance in your resistance in your resistance.	e most hilable rd. with some Ratings nptoms on ost severe tioning, or rvention(s) ation. al narrative, ating,
FACTOR SCORE SUMMARY		BLE FACTOR	<u>SUMS</u>
	FACTOR A: Affective Symptoms [Sum Items 1 + 2 + 3]		[3-21]
	FACTOR B: Suicide Ideation/Behaviors [Item 4]	ll	[1 - 7]
J-7 - -	FACTOR C: Abuse [Item 5]	ll	[1 - 7]
LOOSIED	FACTOR D: Neglect [Item 6]	ll	[1 - 7]
IASSURANCE	FACTOR E: Health/Physical Status [Item 7]		[1 - 7]
L APLAN	FACTOR F: Thinking [Sum Items 8 + 9]		[2-14]
San Contraction of the Contracti	FACTOR G: Family [Sum Items 10 + 11 + 12]		[3-21]
5 NO 045 NO C 154 N II	FACTOR H: School [Sum Items $13 + 14 + 15 + 16$]		[4 - 28]
	FACTOR I: Disruptive Behavior [Sum Items 17 + 18 + 19]		[3-21]
	FACTOR J: Substance Use/Abuse [Sum Items 20 + 21 + 22]		[3-21]
	FACTOR K: Tobacco Use [Item 23]		[1 - 7]
	FACTOR L: Reliance on Mental Health Services [Item 24]	<u> </u>	[1 - 7]
<u>Diagnoses</u>			
AXIS-V [Global Assessment of	Functioning – Current:		
Primary Dx: _ .	Secondary: Tertiary:		

FACTOR A: AFFECTIVE SYMPTOMS:	Facto	or Score = Sum of Items	1 + 2 + 3 = Pos	sible Factor Sum [3 – 21]
1. CHILD'S or CAREGIVER'S RATING OF SYMPTOM DISTRESS – Evidence that "The child has feelings or acts in a way that causes the child a lot of distress or interferes with functioning on most days."	LC None	Minimal Difficulty: Symptoms controlled with effort 6 5	Moderate Difficulty: Moderate symptoms' impact with extra effort & support (4) (3)	
Who provided the rating of distress [Child, Pare Rate overall level of distress and explore with the child/d affective distress, e.g., symptoms of an eating disorder).			o items (i.e., signs of anxiety and	depression or other signs of
2. ANXIETY – WORRYING – Evidence that "The child has worries that interfere with what the child does most days at home, with friends, or at school."	LC None	Minimal Difficulty: Symptoms controlled with effort	Moderate Difficulty: Moderate symptoms' impact with extra effort & support (4) (3)	s Severe Difficulty: Does not control symptoms, close supervision required to function 2 1
[]-Worried that bad things will happen []-Anxious []-Compulsive behavior or excessive rumination []-A			lue to sustained effects of trauma isorder	
3. DEPRESSION – SAD, OR BLUE – Evidence that "The child feels very sad and/or lonely."	LC None	Minimal Difficulty: Symptoms controlled with effort	Moderate Difficulty: Moderate symptoms' impact with extra effort & support	s Severe Difficulty: Does not control symptoms, close supervision required to function
	0 7	6 5	4 3	2 1
[]-Feeling lonely and having no friends []-Difficul	ty slooning cat	ina []_Irritahility [] I cos	of interest or pleasure [1 Diff	iculty with concentration
[]-Feelings of worthlessness []-Pervasive sadness [сану тип сопсеницион

FACTOR B: SUICIDE IDEATION/BEHA	VIORS:		Factor Score = Pos	ssible Factor Sum [1 – 7]
4. SUICIDAL THOUGHTS/ACTIONS &/or SELF-INJURIOUS BEHAVIORS – Evidence that "The child has had thoughts of suicide or has made a suicide attempt, or has had thoughts or taken action to injure him or herself."	LC None	Minimal Difficulty: Symptoms controlled with effort 6 5	Moderate Difficulty: Moderates symptoms' impact with extra effort & support (4) (3)	Severe Difficulty: Does not control symptoms, close supervision required to function 2 1
f 10 '- 1 de content annulum (1 Calé modelles	' . f l Tabia	Laterna with the intent		
[]-Suicidal thoughts, intent or plan []-Self mutilate []-Self-injurious behaviors due to other problems (e.g.			to be injurious	
FACTOR C: ABUSE: 5. ABUSE – Evidence that "The child has been physically, sexually, or emotionally abused in a		Minimal Difficulty: Avoids impact or	Moderate Difficulty: Abuse's impact on functioning	Severe Difficulty: Severe impact on functioning,
way that threatens the child's safety or well-being."	LC None	manages with effort 6 5	moderated with extra effort & support (4) (3)	requires close supervision & support (2) (1)
		.	₩	.
Parent/Caregiver being rated is				
[]-Physical abuse []-Psychological (verba	d) abuse []-	-Sexual abuse []-Sul	bstance abuse by parent invol	lved []-Other
FACTOR D: NEGLECT: 6. NEGLECT - Evidence that "The child has		Minimal Difficulty:	Factor Score = Pos Moderate Difficulty: Neglect's	ssible Factor Sum [1 – 7] Severe Difficulty: Severe
been neglected in a way that threatens the child's safety or well-being."	LC None	Avoids impact or manages with effort	impact on functioning moderated with extra effort & support	impact on functioning, requires close supervision & support
	0 0	6 5	4 3	2 1
Parent/Caregiver being rated is				

FACTOR E: HEALTH/PHYSICAL STA	THS	•			Factor Sco	re – l	Possible Factor	Sum [1 _ 7]
7. CHILD'S HEALTH/PHYSICAL STATUS –	1100	•	Minimal	Difficulty:	Moderate Diffici			
Evidence that "The child has medical or physical				aily activities	impact on fun	•	on functioning, re	
problems that have been interfering with common	LC	None		effort	extra effort		supervision	
daily activities."			***************************************	CHOIL	CALL CITOT	cc support	super vision	cc support
	\cap	(7)	6	(5)	(4)	3	②	1
	\circ				•		•	⊙
[]-Chronic []-Acute []-Both []-Consumer preg	nant	History	of ()-Seizur	es ()-Aller	gies ()-Asthmo	ı ()-Other		
[DO NOT INCLUDE DEPRESSION, ADHD, AUTI								
FACTOR F: THINKING:			Factor Scor	e = Sum of	Items 8 + 9 =		Possible Factor S	
8. TIME-TASK ORIENTATION &/or			Minimal	Difficulty:	Moderate Diffici	ulty: Moderat	es <i>Severe Difficu</i>	ulty: Does not
COMPLETING ASSIGNED TASKS – Evidence			Compensat	es with effort	impact on fun	ctioning with	compensate,	
that "The child has trouble thinking,	LC	None	_	_	extra effort	& support	requ	ired
remembering, or with the starting or finishing of a	0	7	6	⑤	4	3	2	(1)
task.''	_	•						
[]-Loses track of time []-Forgets recent events								
[]-Too hyperactive to concentrate []-Memory pro	oblems	or uneve	enness Source:	()-Physical	()-Medication ()-Substance u	se	
Difficulty with: []-Performing assigned household 9. PROBLEM SOLVING – Evidence that "The	chores	: [] - De						It II.ablata
child has difficulty solving problems (including			Minimal Diffic	•	00	•	• • •	lty: Unable to
calling upon others for assistance)."	IC	None	solving done	e with effort	solving done	oniy with extr support	a problem solve super	, requires close
cuming upon omers for assistance).			6	(5)	4	3)	2)	(1)
	\circ	7	•		4	3	٧	U
[]-Agitated when confronted with a problem []-I);ff;~	tv, thin!	na through the	nrohlom and	te consequeres			
[]-Aguatea when confronted with a proofem []-1 []-Difficulty choosing appropriate alternatives in m				ргоонет ипа і	is consequences			

International Difficulty: Moderate Difficulty: Server Difficulty: Parentis/Caregiver(s) apport for growth limited, exhild shoot herbits needs and concerns or encouraging the olibil's growth by communications with the child shoot herbits needs and concerns or encouraging the olibil or new tilings, or The child shoot herbits needs and concerns or encouraging the olibil or new tilings, or The child shoot herbits needs and concerns or encouraging the olibil or new tilings, or The child shoot herbits needs and concerns or encouraging the olibil or new tilings, or The child shoot herbits needs and concerns or encouraging the olibil or new tilings, or The child shoot herbits needs attention Parenta(Varegiver(s) has all flewly recognizing that developmental change is possible or decirable. Parenta(Varegiver(s) health/physical status inhibits and the child support Parenta(Varegiver(s)) has not recognize that developmental change is possible or decirable. Parenta(Varegiver(s)) health/physical status inhibits and the child and time of the child an	FACTOR G: FAMILY: Assumed Parent(s)/Caregiver(s) being rated is		actor Sco	ore = Sum of	Items 10 +	11 + 12 =	Possil	ble Factor Si	ım [3 – 21]
LC None support growth with effort requires extra effort support s				Minimal	Difficulty:	Moderate D	ifficulty:	Severe L	Difficulty:
[]-Paren(s)/Caregiver(s) has difficulty recognizing that developmental change is possible or desirable []-Paren(s)/Caregiver(s) health/physical status inhibits needed attention]-Parent(s)/Caregiver(s) do not recognize that developmental change is possible or desirable]-Parent(s)/Caregiver(s) health/physical status inhibits needed attention]-Parent(s)/Caregiver(s) do not recognize that developmental change is possible or desirable]-Parent(s)/Caregiver(s) too tired, overworked to provide support]-[Child feels that no parent(s)/caregiver(s) cares to, or takes time to listen to child's problems 1. PARENTCARREGVER SARING OF TIME/RESOURCES & INTERACTIVG MATTER SOURCES & INTERACTIVG Parent(s)/Caregiver(s) shares time/resources with the child and interact with affection/caring with some effort difficulty sharing their favorite things with the child and interact with affection/caring with some effort difficulty sharing their favorite things with the child and interact with affection/caring with some effort difficulty sharing their favorite things with the child and interact with affection/caring with the child and int	parent(s)/caregiver(s) has difficulty supporting the child's growth by communicating with the	LC	None	supports g	rowth with	support for gro requires extr	wth limited, a effort &	not support g	rowth without
needed attention J-Parent(s)/Caregiver(s) do not recognize that developmental change is possible or desirable J-Parent(s)/Caregiver(s) too tired, overworked to provide support J-Child feels that no parent(s)/caregiver(s) cares to, or takes time to listen to child's problems II. PARENT/CAREGIVER SHARING OF Minimal Difficulty: Parent(s)/Caregiver(s) Pare	encouraging the child to try new things, or they seem to ignore signs of growth, or even to	0	7	6	5	~ ` ` `		2	1
needed attention J-Parent(s)/Caregiver(s) do not recognize that developmental change is possible or desirable J-Parent(s)/Caregiver(s) too tired, overworked to provide support J-Child feels that no parent(s)/caregiver(s) cares to, or takes time to listen to child's problems II. PARENT/CAREGIVER SHARING OF Minimal Difficulty: Parent(s)/Caregiver(s) Pare									
TIMERESOURCES & INTERACTING WITH AFFECTION & CARE – Evidence that "The parent(s)/Caregiver(s) have difficulty finding time to be with the child and or difficulty sharing their favorite things with audor difficulty sharing their favorite things with at communicates affection and caring." Seldom does the parent(s)/caregiver(s): ()-Spend time with the child ()-Share resources with the child affection/caring with affection/caring affection and caring." Seldom does the parent(s)/caregiver(s): ()-Spend time with the child ()-Share resources with the child affection/caring affection and caring. The parent(s)/caregiver(s) and interact with affection/caring affection/caring without supervision with affection/caring a	needed attention []-Parent(s)/Caregiver(s) do not re	ecogniz	e that deve	lopmental chang	ge is possible or	desirable []-Pa			
Seldom does the parent(s)/caregiver(s): ()-Spend time with the child ()-Share resources with the child needed attention []-No parent(s)/caregiver(s) can or finds it easy to express such caring/loving messages 12. EFFECTS OF CHILD'S BEHAVIOR ON Minimal Difficulty: Moderate Difficulty: Impact FAMILY AND FAMILY INTERACTIONS — Impact of child's behavior on the Evidence that "The child's behavior	TIME/RESOURCES & INTERACTING WITH AFFECTION & CARE – Evidence that "The parent(s)/caregiver(s) have difficulty finding time to be with the child and/or difficulty sharing their favorite things	LC	None	Parent(s)/C shares time with the interac affection/c	Caregiver(s) e/resources child and cts with earing with	Parent(s)/Ca requires extr support to time/resource child and into	regiver(s) a effort & o share es with the eract with	Parent(s)/C cannot share with the child with affec	Caregiver(s) time/resources d and interact tion/caring
needed attention []-No parent(s)/caregiver(s) can or finds it easy to express such caring/loving messages 12. EFFECTS OF CHILD'S BEHAVIOR ON FAMILY AND FAMILY INTERACTIONS – Impact of child's behavior on the Evidence that "The child's behavior on the negatively influences parent's/caregiver's		0	7		_	_	_ ~	2	1
needed attention []-No parent(s)/caregiver(s) can or finds it easy to express such caring/loving messages 12. EFFECTS OF CHILD'S BEHAVIOR ON FAMILY AND FAMILY INTERACTIONS – Impact of child's behavior on the Evidence that "The child's behavior									
12. EFFECTS OF CHILD'S BEHAVIOR ON FAMILY AND FAMILY INTERACTIONS – Evidence that "The child's behavior negatively influences parent's/caregiver's Minimal Difficulty: Impact of child's of child's behavior on the behavior on the family managed with effort Evidence that "The child's behavior negatively influences parent's/caregiver's Moderate Difficulty: Impact of child's behavior on the family family is moderated with extra effort & support only with supervision							s)/Caregiver(s)	health/physical	status inhibits
Evidence that "The child's behavior LC None behavior on the family family is moderated with copes with child's behaving actively influences parent's/caregiver's managed with effort extra effort & support only with supervision	12. EFFECTS OF CHILD'S BEHAVIOR ON	jinas	it cusy to cx	Minima	l Difficulty:	Moderate Diff			JJ 2
	Evidence that "The child's behavior	LC	None	behavior	on the family	family is mo	derated with	copes with c	hild's behavior
		0	7	<u>~</u>	_	_	_ ^ ^		· ^
[]-Disobedient []-Insists on own way, []-Discourteous []-Family blaming and discord and not taking responsibility []-Time/effort consumed by family is considered to be a hardship []-Expense required to help family cope considered to be a hardship									

FACTOR H: SCHOOL:	Factor Score = Su	m of Items 13 + 14 +15	5 + 16 = Possible	e Factor Sum [4 – 28]
13. SCHOOL SUPPORT - Evidence that "The chi	ld	Minimal Difficulty	Moderate Difficulty	Severe Difficulty
requires special resources or services to attend and		without services:	without services: Can	without services: Cannot
participate in classes in an age appropriate manner.	" LC None	Can manage with effort	manage with extra effort &	manage without
			support	supervision or support
	0 7	6 5	4 3	(2) (1)
	•		9	
[]-Physical access aids []-Emotional/behavioral	control procedures [].	-Tutoring []-Supports for	MR/DD []-Other	
14. SCHOOL ACHIEVEMENT – Evidence that		Minimal Difficulty:	Moderate Difficulty: Meets	Severe Difficulty: Does
"The child has difficulty achieving at an age		Meets expectations with	expectations with extra	not meet expectations
appropriate level."	LC None	effort	effort & support	without supervision
	0 7	6 5	4 3	2 1
[]-Hyperactive []-Inattentive/Bored []-Difficul	tv keening un with teach	er's expectations []-Under	achieves	
15. INTERACTIONS WITH CLASSMATES &	y neeping up wan teach	Minimal Difficulty:	Moderate Difficulty:	Severe Difficulty: Unable
PEERS - Evidence that "The child has difficulty		Interacts with	Moderates difficulty in	to interact successfully
getting along with classmates in school settings, and	l/or LC None	classmates & peers with	interactions with	without supervision "
with peers outside of school."		effort	classmates& peers with	
		0 0	extra effort & support	0 0
	0 7	6 5	4 3	2 1
[]-Shy and withdrawn from classmates or peers []-Aggressive toward clas	smates or peers []-Refuses	s to interact []-Tries to interac	t but does so in
inappropriate ways []-Feels isolated, little to no fri	ends' support []-Has	access to friends, but is alien	nated from them []-Shows no/l	ittle interest in others
16. INTERACTIONS WITH TEACHERS &		Minimal Difficulty:	Moderate Difficulty:	Severe Difficulty:
ADMINISTRATORS – Evidence that "The child h		Interacts with teachers	Moderates difficulty in	Unable to interact
difficulty getting along with teachers and other adul		& administrators with	interactions with teachers &	successfully without
working at school."	LC None	effort	administrators with extra	supervision
	•		effort & support	
	0 7	6 5	4) 3)	2 1
[]-Aggressive []-Shy or fearful []-Inappropriate	[]-Refuses to talk or	interact []-Does not do who	at is told to do	

FACTOR I: DISRUPTIVE BEHAVIOR:	Facto	r Scor	e = Sum of It	ems 17 + 18	8 + 19 = _	Possibl	e Factor Sum [3	- 21]
17. NEGATIVE PEER INFLUENCE – Evidence that "The child follows the lead of peers regardless of danger or appropriateness."	IC	None	avoid neg	ficulty: Can ative peer with effort	Moderate I Moderates no influence with	egative peer	Severe Difficulty: (avoid negative p influence with	oeer
or approprimeness.	LC	wone	_		& sup	port	supervision	Jui
	0	7	6	⑤	4	3	2 1	
[]-Does not question appropriateness or dangers of peer	directio	n []-A	Aware of inappro	priateness but	t follows anyway []-Inappropria	te peers	
18. DISRUPTIVE & INAPPROPRIATE BEHAVIOR – Evidence that "The child has trouble controlling her or				Difficulty: Chavior with	Moderate 1 Controls bel		Severe Difficul Little or no con	
his behavior toward other kids, or adults (such as saying	LC	None	eff	ort_	extra effort	& support	without supervis	
angry things toward them, hitting them, or touching them in a way that upsets them)."	0	7	6	⑤	(4)	3	2 1	
[]-Heightened emotionality, or agitation which is frighte []-Talks abusively to others []-Physically or sexually o	ning to	others	[]-Interperson	al conflicts at	home, school, or it	the communit	y Ivanaas	
[]-Homicidal ()-Actual ()-Threatened []-Exhibi			iors []-Destr	uctive to prope	erty []-Behavid	r associated wi	th substance use	
19. RISK OR CRIMINAL BEHAVIOR – Evidence that "The child behaves in ways that lead to getting hurt or				Difficulty: or criminal	Moderate Diffi risk or crimi		Severe Difficulty: not avoid risk or c	
into trouble, or to involvement with the criminal justice	LC	None		with effort	with effort		behavior with	
system."	\circ	7	6	⑤	4	3	supervision (2) (1)	
	O	•			O	•	0 0	
 []-Criminal behavior(e.g., theft, prostitution, deal drugs)	[]-U	nsafe se	x, including "sex	for drugs" []-Frequent/exces	sive use of sub	stances	
[]-Truancy []-Expulsion or suspension due to assault	tive or il	llegal bel	havior []-Part					
[]-Follows delinquent peer recommendations to participal	uv in rl	sky or cr	ımınuı venavior					

ELOTOD I GUDOTLANCE HOE A DUGE							
FACTOR J: SUBSTANCE USE/ABUSE:	Fa	ctor S	Score = Sum of Item	s 20 + 21 + 22 = 1	Po	ossible Factor Su	ım [3 – 21]
ITEMS 20-22: SUBSTANCE ABUSE - Evidence			Mild-Minimal	Mo	oderate	Severe-Extreme:	
that "The child uses alcohol or illegal drugs."			No evidence of persist		se with modera		
Use Substance Abuse Scale in the manual, and be sure that the rating is age adjusted.	LC .	None	recurrent impact o		nt impairment o	on withdrawal s	symptoms
Note that the clinical notes should contain the	LC	vone	functioning	Tune	ctioning		
information related to each of the four sub-scales							
20: ALCOHOL or DRUG use last 30 days (average) <u>IF ALCOHOL</u>	0	7	6 5	4	3	2	1
- # drinks per week, -\$ per mo. (optional)							
<u>IF DRUG(S)</u>							
-# different drugs, -\$ per mo. (optional)							
21: Use over months 2 through 12,		_		_			_
check whether: []-Alcohol or []-Drugs or []-Both	0	7	6 5	4	3	2	1
22: Use over life time,	_	_		_	_		
check whether: []-Alcohol or []-Drugs or []-Both	0	7	6 5	4	3	(2)	1
[]-Alcohol or []-Drugs or []-Both Either here or in your clinical narrative (as agency poli	cy dict	ates), li	st the drug(s) used over la	st 30 days.			
Also note when other factor ratings are affected by sulfill []-1: Symptoms of Distress/Mood [nity Functioning []	-3: Social Support, S	ooiol Skille & L	Jouring	
[]-1: Symptoms of Distress/Wood []-2; C	ommu	nty runctioning []	-5: Sociai Support, S	ociai skilis & f	nousing	
FACTOR K: TOBACCO USE:				Factor Sco	re = P	Possible Factor S	Sum [1 – 7]
23. TOBACCO USE - Evidence that "The child uses			Mild-Minim	al	Moderate	Severe-	Extreme:
tobacco."	_		No evidence of pe		ce of moderate		use, evidence
Use Substance Abuse Scale in the manual, and be		C Non		92			
	L	C Non	e recurrent u	SC .			n (withdrawal
sure that the rating is age adjusted.	Di)	<i>(</i>) ()		ptoms)
)	4 3		*
sure that the rating is age adjusted. Note that the clinical notes should contain the	C)	4 3		ptoms)
sure that the rating is age adjusted. Note that the clinical notes should contain the information related to each of the 3 sub-scales)	4 3		ptoms)
sure that the rating is age adjusted. Note that the clinical notes should contain the information related to each of the 3 sub-scales TOBACCO use last 30 days (average)	C)	4 3		ptoms)
sure that the rating is age adjusted. Note that the clinical notes should contain the information related to each of the 3 sub-scales TOBACCO use last 30 days (average)	C)	4 3		ptoms)
sure that the rating is age adjusted. Note that the clinical notes should contain the information related to each of the 3 sub-scales TOBACCO use last 30 days (average) - Cigarettes: # per week	C				4 3		ptoms)
sure that the rating is age adjusted. Note that the clinical notes should contain the information related to each of the 3 sub-scales TOBACCO use last 30 days (average)					4 3		ptoms)
sure that the rating is age adjusted. Note that the clinical notes should contain the information related to each of the 3 sub-scales TOBACCO use last 30 days (average)	C		6 5	Factor Sco			ptoms)
sure that the rating is age adjusted. Note that the clinical notes should contain the information related to each of the 3 sub-scales TOBACCO use last 30 days (average) - Cigarettes: # per week _ - Pipe or Cigars: # smoked per week _ - Chewing tobacco or snuff: # per week FACTOR L: RELIANCE ON MENTAL HI 24. RELIANCE ON MENTAL HEALTH SERVICES	C		6 5	Factor Sco		sym ② Possible Factor S	otoms) ① Sum [1 – 7]
sure that the rating is age adjusted. Note that the clinical notes should contain the information related to each of the 3 sub-scales TOBACCO use last 30 days (average) - Cigarettes: # per week - Pipe or Cigars: # smoked per week _ - Chewing tobacco or snuff: # per week FACTOR L: RELIANCE ON MENTAL HI 24. RELIANCE ON MENTAL HEALTH SERVICES - Evidence that "The child and/or the	EALT	TH SE	RVICES: Minimal Relian Can manage activ	Factor Sco	ore = H	Possible Factor Spage Severe-Toto rt Cannot man	Sum [1 – 7] al Reliance: nage without
sure that the rating is age adjusted. Note that the clinical notes should contain the information related to each of the 3 sub-scales TOBACCO use last 30 days (average) - Cigarettes: # per week _ - Pipe or Cigars: # smoked per week _ - Chewing tobacco or snuff: # per week _ - Chewing tobacco or snuff: # per week	EALT	TH SE	RVICES: Minimal Relian Can manage active with effort	Factor Sco	ore = I iance: Can mar effort & suppor	Possible Factor S page Severe-Toto rt Cannot man supervision	Sum [1 – 7] al Reliance: nage without n or support
sure that the rating is age adjusted. Note that the clinical notes should contain the information related to each of the 3 sub-scales TOBACCO use last 30 days (average) - Cigarettes: # per week - Pipe or Cigars: # smoked per week _ - Chewing tobacco or snuff: # per week FACTOR L: RELIANCE ON MENTAL HI 24. RELIANCE ON MENTAL HEALTH SERVICES - Evidence that "The child and/or the	EALT	TH SE	RVICES: Minimal Relian Can manage active with effort	Factor Sco	ore = I iance: Can mar effort & suppor	Possible Factor Spage Severe-Toto rt Cannot man	Sum [1 – 7] al Reliance: nage without
sure that the rating is age adjusted. Note that the clinical notes should contain the information related to each of the 3 sub-scales TOBACCO use last 30 days (average) - Cigarettes: # per week _ - Pipe or Cigars: # smoked per week _ - Chewing tobacco or snuff: # per week _ - Chewing tobacco or snuff: # per week	EALT	TH SE	RVICES: Minimal Relian Can manage active with effort	Factor Sco	ore = I iance: Can mar effort & suppor	Possible Factor S page Severe-Toto rt Cannot man supervision	Sum [1 – 7] al Reliance: nage without n or support
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